

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RICHARD BOHANNON
374-617
CHILLICOTHE CORR INST.
PO BOX 5500
CHILLICOTHE, OH 45601

2. Article Number

(Transfer from service label)

7002 0860 0006 5229 7279

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brian K. Price* ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Brian K. Price

C. Date of Delivery

10/6/06

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes